

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gary Lane

70 Whittaker Road

Hoboken, NJ 07030

2. Article Number

(Transfer from)

7011 1150 0001 6754 0179

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Gary Lane

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

RESTRICTED

DELIVERY

3. Service Type

☒ Certified Mail☐ Express Mail☒ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

9:18-2137

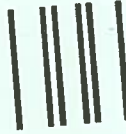
102565-02-M-1540

UNITED STATES POSTAL SERVICE

SC 290

08 JUN '19

PM 2 L



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

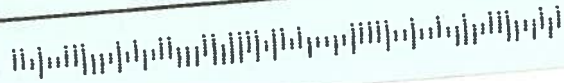
• Sender: Please print your name, address, and zip+4 in this box •

United States Marshals Service
U. S. Courthouse
901 Richland Street, Suite 1200
Columbia, SC 29201

UNITED STATES MARSHALS
COLUMBIA, SC

2019 JUN 10 PM 1:28

RECEIVED



U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See Instructions for Service of Process by U.S. Marshal

J-10
BB

PLAINTIFF <i>Tashawn Brainerd</i>	2019 MAY 21 AM 10:08	COURT CASE NUMBER 9:18-cv-02137-TLW-BM
DEFENDANT <i>David D. Dinkins, et al</i>	UNITED STATES MARSHALS COLUMBIA, SC	TYPE OF PROCESS Civil
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Gray Lane Head Warden</i>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>4848 Goldmine Hwy, Kershaw S.C. 29067</i>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
Number of process to be served with this Form 285		1
Number of parties to be served in this case		85
Check for service on U.S.A.		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

RECEIVED
USDC CLERK, CHARLESTON, SC
JUN 25 AM 11:38

Signature of Attorney other Originator requesting service on behalf of <i>Tashawn Brainerd</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 6/16/19
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>71</i>	District to Serve No. <i>71</i>	Signature of Authorized USMS Deputy or Clerk <i>BBrown</i>	Date <i>5/21/19</i>
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date <i>6-8-19</i>
	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee <i>\$8.00</i>	Total Charges <i>\$8.00</i>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <i>\$0.00</i>
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REMARKS: *6/5/19 SCDC OGC can not accept - Term - Cert Mail*
6-8-19 PS Fm 3811 returned
Signed

- DISTRIBUTE TO:
1. CLERK OF THE COURT
 2. USMS RECORD
 3. NOTICE OF SERVICE
 4. BILLING STATEMENT* To be returned to the U.S. Marshal with payment, if any amount is owed Please remit promptly payable to U.S. Marshal.
 5. ACKNOWLEDGMENT OF RECEIPT

I Declare Under Penalty Of Perjury
That The Forgoing Is True And Correct
Signature *BBrown* Date *6/20/19*
Date USM 285 Rev. 11/13